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ORIGINAL COMMUNICATIONS.

THE GERM THEORY OF DISEASE.

Extracts from a paper read before the New Jersey Sanitary Association.

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IT has been said that events move in cycles; that there is nothing new under the sun. While there are facts that tend to confirm such a view, yet it must be admitted that the present knowledge of growth and decay is largely a product of modern thought; that in the knowledge of the sciences, we are wiser than the ancients. The science of medicine of the ancients (whatever of science the ancients possessed) was purely speculative. Ante-dating the civilization of ancient Egypt, it did not reach a rational basis until mediæval times. The advances made by the mediæval physicians, though far-reaching in their effects, were in their nature only isolated facts. It is true that from the ruins of the ancient dogmatic schools there arose new facts, which tended to unravel the mysteries of the human organism; but it was near the close of the eighteenth century, when John Hunter, of England, and François Bichat, of France, began the investigation of medicine as one of the natural sciences, and formulated the known facts as parts of a grand and systematic whole. The causative agents of disease, however, still remained a matter of conjecture. But through the researches of modern science, the wrath of the god as causative agents of disease has been appeased; medicine has been enfranchised from superstition and empiricism, and rests to-day upon the basis of fact and demonstration.

. . . . . Following the experiments of Dr. John Tyndall, of London, in which, by means of a condensed beam of light, organized germs of extreme minuteness were shown to exist in the atmosphere, the attention of the medical world was directed by Davainé, of France, in 1863, to atmospheric germs as causative agents of disease. All infectious and contagious diseases now labor under the suspicion of being caused by atmospheric germs. . . . . .

What are atmospheric germs? What their origin; what the conditions of their development; what their effects on the human system; what their use? They are, so far as known, the lowest and simplest forms of vegetable cells, to which God has given life. Below them, it is believed, life does not exist. They are visible only to the skilled microscopist with an instrument of high power, and are distinguishable from dead matter by their spontaneous movements, and by their power of growth. With the structure of a primitive cell they develop in accordance with delegated, inherited, physiological laws—modified by their environments. With oscillating, gliding, or darting movements, which show them to be living objects, of various shapes and size, which furnish the basis of their classification, they are more numerously present everywhere than all other forms of life combined. They exist in all filth, and decomposing animal and vegetable matter, and not only cause the putrefactive change of organic products, but reduce them to their elemental state. Capable of reproducing their kind by millions in the period of an hour, by self-division, or through their spores, as factors of decay in the circle of na-

ture's operations, they are not less important than the power of growth. The consideration of their history and habits must be of interest and advantage to the scientist; for they are not only associated with the origin of life, and the decay of death, but with those infectious maladies which have, for all time, compromised in a marked degree the energies of our race.

Origin.—From whence do they come? What is their origin? Are they of spontaneous origin? Do they account for the beginning of life upon the globe? Neither the facts of science, nor the principles of religion, will admit of such a view. Just what life is we do not know. Mr. George H. Lewes, of London, defines it to be a "series of definite and successive changes both of structure and composition, which take place in an individual without destroying its identity." That life does not arise spontaneously; that it is not a result of inorganic transformations effected through natural forces, admits of no question. For aside from Revelation (which teaches that life is of separate and distinct creation), the facts of science show that all organisms, of whatever character, are always the progeny of previously existing parents.

Are they transformations of the inorganic world? No transformation from the inorganic to the organic world can be found within the realm of life. The extremists in the doctrine of the theory of evolution cannot complete the chain of continuity by which the non-living produce the living. Neither can they sustain the hypothesis, that the whole system of animal life is but a growth of one or more original species, changing into or evolving others through methods of development. The generic lines extending through the long ages of the past, evidence not only distinctive acts of Creative power, but the universality of the law of life, that like produces like. Neither the agnostic nor the materialist can account for the origin of matter; much less can they account for the origin of mind. Naturalists tell us that while the animal and vegetable kingdoms are reducible to primordial cells; that while there is a time when the embryos of species cannot be distinguished from each other by any essential features, yet the variety of structural forms, and the diversity of physiological functions which cells develop are always according to the special type and construction of their parent cells,—evidencing a unity of plan in their construction and development. The doctrine of Mr. Herbert Spencer, that life is evolved from a universally diffused ether; that it progresses from the simple to the complex in the multiplication of species from extraneous forces, and that mind is due to a higher differentiation, fails wholly to account for the beginning of mind. The doctrine of the late Charles Darwin, that life exceeds the space and means of its existence, and that therefrom there arises a "struggle for existence," in which, through "natural selection," only "the fittest survive," cannot furnish an instance of the organization of species through "natural selection."

Development.—Of the development of germs it was said: Springing from germs which are everywhere floating in the atmosphere, they are present in the air, water, and soil, and upon all bodies, whether animate or inanimate. They are most actively developed in decomposing organic matter. It was formerly thought that when death dissolved the bonds by which the living elements are held, they re-arrange themselves into new and more simple chemical compounds from their union with oxygen, and were thus reduced to their elementary, inorganic state. But the dissolution of dead organic matter is no longer regarded strictly as a chemical change, but as a vital process. Pasteur, Schwann, and others have shown that dead organic matter has not within itself a tendency to spontaneous decay, as was formerly believed, but that organic decomposition is a species of fermentation induced by the vital activities of atmospheric germs. . . . . Whether the elementary state of dead organic matter is reached through their consecutive action of several species, or through their products, is unknown. But it is the teaching of to-day, that in reducing dead organic matter to its elementary state, from which it becomes serviceable to new life, and, indeed, makes the continuance of life possible, they are the agents that maintain the equilibrium between the animate and inanimate worlds.

The manner of their reproduction is peculiar to themselves; for there is no recognized sexual difference then, nor anything analogous to the germination of seed. They reproduce their kind by a process of self-division, or by the breaking up of their endoplasm into spores. A cell divides itself into two, and each division is similar to the first. This increase is hourly effected in some species, and accord-

ing to Cohn, a division taking place every hour, the number from one cell, after forty-eight hours, would be more than three hundred billions. . . . . .

Their vitality is not less remarkable than their powers of development. Active in their habits of life from a temperature at zero, to 133° F., their lives, according to Cohn, cease only with the extremes of heat or cold. . .

It was said, that until overcome by the masters in microscopic art, their classification (on account of their extremely minute size) would be difficult; but the term bacteria is used in a comprehensive sense to designate them all. .

Effects on the Human System.—Present upon every object, and in the dissolution of all animal and vegetable substance, they exist in countless myriads in the air, water, and soil, and enter the human system during an act of inspiration, or with water, or food. They are, therefore, found in the interior of all organs of the human body that communicate with the open air. They are found in the tartar of the teeth, and, according to Dr. Sternberg of the army, there exists a micro-organism in the saliva of a human being that will kill a rabbit when injected into its blood. They are not found, it is said, in the blood of man in health; for probably the mucous lining of the intestinal tract, and of the respiratory passages prevents their invasion. In what manner then do they excite disease? Are they, in fact, to be regarded as the contagia of infectious diseases? Is bacterian invasion of the blood a primary condition or secondary to the changes wrought by disease? Do they excite disease through their rapid multiplication when the products of waste, being in excess of repair, give larger scope to their functional activities? Is disease caused by the introduction of a new species to which the system is not inured; to germs rendered virulent from the medium in which they are developed; to the morbid material they convey into the system; to the poison they engender; to mechanical obstruction of the blood within the capillaries from their prolfic propagating powers? These are questions still undetermined; but in their elucidation the scientists of the world are engaged. It is believed by some scientists that the bacteria of putrefaction are not identical with the bacteria of disease. Their very universality forbids the view that they constitute the contagia of infectious diseases. To meet this, however, it is believed that, while harmless in themselves, they are the carriers of contagion. Their substance being albuminoid in character, they become poisoned, and altered in their composition and structure, in different specific ways. Bacteria nourished with unhealthy food become diseased; and it is diseased bacteria, together with the morbid material they convey into the system, which become dangerous to life.

More than two hundred years ago the Germ-theory of Disease was brought forth by Linnæus of Sweden. Since then the Chemical theory, and the Bioplasma theory of Dr. Lionel S. Beale, have been advanced. The former supposes that particles are thrown off from a diseased system in a state of ferment, and are absorbed by a healthy one; the latter that the fluids of the body contain bioplasts, which, under abnormal conditions, multiply and pervert the process of assimilation, and induce disease. But the discoveries of the last twenty years, which ascribe to contagium an independent, living nature, are more clearly explanatory of the phenomena of infectious diseases than any hypothesis heretofore advanced. Indeed, that contagium possesses an independent, living nature; that it is vital; that it grows within the body, and can be cultivated without the body, and that by infection or inoculation will induce a condition similar to that with which it was identified, has passed beyond the domain of controversy.

An application of the principles of the germ-theory was made to surgery, in which it was claimed that from a knowledge of the activities and effects of bacterian germs, the surgeons of to-day were enabled largely to increase the percentage of recoveries from injuries and surgical operations, through antiseptic measures. This was due to wounds being accessible to direct treatment. And were it not for the inaccessible location within the body of germs that induce infectious diseases, medicine could shake hands with surgery in congratulation at the general advancement. Of the advances in medicine it was said: That Pasteur has shown that certain infectious diseases, namely, splenic fever, sheep-pox, chicken cholera, and the diseases of silk worms, are caused by micro-organisms within the blood and tissues of animals infected. He has shown also that when the organisms are inoculated into healthy animals they give rise to the original disease in all

of its intensity. He has shown further that by cultivating the organisms in a harmless fluid at a certain temperature, they progressively lose their virulence as they multiply, and that after a time the microphytes can be inoculated into healthy animals, without serious consequences, protecting them at the same time from the disease in its ordinary evolution. Acting under the direction of Dr. Loring, the Commissioner of Agriculture, Drs. Detmer, Law, and Salmon, have shown that hog-cholera, pleuro-pneumonia of cattle, and Texas cattle-fever are caused by bacterian organisms; that the organisms can be cultivated without the body, and that by inoculating healthy animals with the cultivated and attenuated virus of the same, a mild type of the disease will be induced. Dr. T. J. Burrill, of Illinois, has shown that the disease of fruit known as blight is a fermentation of the cell contents of fruit, and is caused by bacterian germs. Microscopical examination of the blood of subjects affected with typhoid fever, scarlet fever, malarious fevers, measles etc., have shown the living parasites. The transmissible principle of vaccine virus as has been shown resides in its microphytes, and not in its lymph as was formerly believed. Dr. Polli, of Italy, has shown that a nutritive liquid in which microorganisms can be cultivated is easily rendered incapable of supporting them by the introduction of antiseptic agents. These remedies exert a marked influence over infectious fevers, and suppurating wounds, and tend, therefore, to prove the nature of their exciting cause. . . . . The experiments of Pasteur have been the means of preventing much suffering, and have saved France an annual loss in cattle and sheep of more than four millions of dollars, and from the diseases of silk worms, a loss of more than twelve millions. . . .

The specific effect of distinct species of bacteria in inducing distinct infectious diseases is being made the subject of extensive research. Evidence seems to favor the idea that certain species excite certain diseases, because special forms of disease, like splenic fever, can be transmitted by its bacillus germ. Bacteria developed in diseased states of the system probably acquire specific properties, and, when spread by the breath or clothing of a subject, give rise to the condition with which they were identified. Dr. William B. Carpenter, of London, in opposing the doctrine of the distinct individuality of zymotic diseases, believes that the same germs developed under different conditions manifest themselves within the system with varying effects. Pasteur also believes that the medium in which germs are developed has an important effect on the germs themselves; that germs which ordinarily would cause malaria, developed in blood rendered unhealthy from intrinsic or extrinsic causes, give rise to a different type of disease. . . . . Announcements of characteristic bacilli of communicable diseases are being made from every land. From Germany we have the bacillus tuberculosis of Koch; from France the bacillus anthracis of Pasteur; from Italy the bacillus malariæ of Crudelli; from Prussia the bacillus typhosus of Kleibs; from Philadelphia the bacillus diptheriæ of Formad and Wood; from South America the yellow fever bacillus of Carmona Del Valle, and recently a cablegram from Alexandria announced that Robert Koch, to add greater glory to his fame, had discovered the bacillus of cholera. But subsequent investigation showed that Dr. Koch did not succeed in establishing the "choleraic bacillus" as the only cause of cholera, and if his untimely announcement was made in order to anticipate the efforts of Pasteur, who was despatched to Egypt by the French Government to investigate the cause and nature of the cholera epidemic, it is unfortunate for the cause of science. The investigations of Pasteur in anthrax, chicken cholera, and the diseases of sick rooms, have done more than those of any one man in acquainting the medical world with the germ-theory. In their relation to the welfare of the French people, on the authority of Huxley, it is said that they have secured France against a greater loss than the tribute paid to Germany. It was but just that the French Government made a proper recognition of the services of Pasteur; it was but just that the science of medicine—sacred to the invention of the immortal gods as fabled of old—should receive governmental aid, for in the progress of civilization, in the past turmoils of Church and State, who shall say that medicine has not kept abreast of politics and religion, and made equal conquests for the advancement of mankind? The recent aid furnished by the governments of France, Germany, England, and Italy for medical research evidences the

highest statesmanship; for the science that protects the household is a strong protector of the nation.

The effects of bacteria on mankind in health and disease are not of less interest than the agents by which they can be best encountered. These are best determined by the cultivation of the organisms, as practised by Pasteur, and by introducing agents into the system that shall so effect the blood and tissues as to render them unfit for the development of germs—as practised by Crudelli, and Polli. In that direction the finger of medical experiment is most likely to point. . . . .

Use.—Of what use are bacteria? They are the agents of decay of dead organic matter. All organisms undergo unconscious yet constant changes of their constituent materials during life. Those changes are effected through a delegated and inherited power, and when that power is withdrawn, waste and repair cease, and death ensues. After death the constituent changes of composition and structure are effected through new chemical affinities, and by bacterian germs. Were it not for bacteria, dead organic matter would encumber the earth, and destroy its beauty and usefulness to man. If it be true that the constituent materials of organized matter return after death to the inorganic world from which they again become serviceable under creative power to new life; if it is true that the material from which animals and vegetables are moulded is limited upon the earth, the same particle must ever be converted from bodies dead into living, in an eternal circle. It is true that nature operates in a circle. The wandering of matter is a scientific fact. And in reducing dead organic matter to its original elements, from which it again becomes serviceable to new life, and, indeed, makes the continuance of life possible upon the globe, bacteria are the agents that maintain the equilibrium between the living and the dead. How insignificant they, the smallest of living organisms, appear when viewed singly! Yet taken collectively, they constitute an agency of wondrous power.

> "Each moss,
> Each shell, each crawling insect holds a rank
> Important in the plan of Him who formed
> This scale of beings; holds a rank, which, lost,
> Would break the chain, and leave a gap,
> That nature's self would rue."

CAMDEN, N. J.

HEMORRHAGE INTO THE VENTRICLES AND LARGE GANGLIA OF THE BRAIN.

BY J. T. ESKRIDGE, M.D.,

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CASE I. J. R. æt. 55, coachman, was a short and rather thick-set Irishman. For many years he had indulged in small quantities of alcohol almost daily. His father and mother died from cerebral apoplexy. He had never contracted any venereal disease, and enjoyed excellent health until January, 1878, when he had suffered from a severe and prolonged attack of facial erysipelas, followed by numerous superficial abscesses of the neck and upper portion of the chest. Convalescence had extended over a period of about three months, during most of which time he had exhibited symptoms of decided mental weakness, and his disposition had been peevish, fretful, and childlike (see MEDICAL BULLETIN for January, 1880). From the spring of the year 1878, to September, 1881, his mind seemed clear, his health fairly good, and he was able to resume and continue his occupation.

During the evening of September 27, 1881, he was much excited, as the result of an angry dispute with a man with whom he had dealings. About 12 o'clock the same night, several hours after he had retired, he was noticed to be breathing heavily. I saw him about three hours later. His breathing was noisy; respiration 30 per minute; pulse slow and labored; temperature below normal; left pupil slightly dilated, right contracted, both insensible to light. His mouth was drawn to the right side; the right arm and leg were almost completely paralyzed; there was no twitching of any muscles; he was unable to speak, although he showed signs of consciousness when spoken to. He voluntarily passed his urine, but his bowels were constipated. Five foreign leeches were applied to the temples, a blister to back of neck, one drop of croton oil was directed to be placed on his tongue every hour until his bowels should be evacuated, and ten grains of potassium bromide and ten drops of tincture of hyoscyanus were ordered to be given every two hours. At 10 A.M. his condition had not changed much, with the exception of irritability of the stomach, which had been produced by five

doses of croton oil. Bowels had not moved, bladder was acting voluntarily; he was conscious, but very restless. At 4 P. M. he was much worse; temperature, 100°; pulse, 130; respiration, 48. He was unconscious, breathing heavily and appeared to be sinking. His bowels had been unloaded by injections of warm water. All other treatment was suspended, and he was given ten drops of the tincture of digitalis and thirty drops of the aromatic spirits of ammonia every hour. During the night he became unable to swallow, and four ounces of brandy in milk were administered at one time by enema. Only about one-half the injection was retained. Next morning, September 29th, his symptoms were less threatening. He was conscious and could speak some words, so as to be understood. Labial letters were distinctly uttered. Pupils were equal and responded to light; all evidence of facial paralysis had passed away; right leg could be drawn up slightly, but not raised from the bed; much more freedom of motion was exhibited by the right arm. Sensibility to painful impressions was present, but I was not able to satisfy myself that the sense of touch was normal. Temperature, 101; pulse, 112; respiration, 40. He was given potassium bromide and a fever mixture, cold applications were applied to the head, and digitalis and ammonia were discontinued. During the afternoon his temperature rose to 102.5°, but in other respects he seemed better. Subsequently the evening temperature ranged from 100° to 101°; the morning averaged about 100°.

No convulsions occurred, and no muscular twitching was observed. On October 2d, a free bronchial secretion was noticed, later, œdema of the lungs set in, the circulation gradually failed, and the patient sank on the 6th, nine days after the first occurrence of the apoplectic seizure. Several days before death (three or four) the power of speech became abolished and was not regained, but the paralysis did not increase in the limbs, nor were the muscles of the face again affected.

No post-mortem examination was obtained. The primary hemorrhage in this case must have been at first slight in quantity, and in such a position as not to have disorganized many of the motor fibres. Within thirty-six hours after the first appearance of stertorous breathing and loss of motion, the face appeared normal, the arm, which at first was completely paralyzed, was moved quite freely, and the leg could be drawn up and extended. Without the light that an autopsy would have thrown upon the symptoms, it is useless to speculate upon the supposed site of the hemorrhagic extravasation, but the crossed paralysis (left side of face and right side of body), with dilatation of the left pupil, would point to the left side of the pons as being the seat of pressure. The symptoms were not due to meningeal hemorrhage at the base of the brain, because in the latter event more cranial nerves would have been affected.

The secondary hemorrhage which occurred on the second day, gave rise to more marked symptoms of depression, and was followed by severe cerebritis. The latter hemorrhage did not affect the facial muscles, and only to a slight extent, if at all, the arm and leg. Aphasia was not complete until after the supervention of symptoms of decided inflammation.

The phenomena exhibited in this case could be best accounted for, I think, by supposing, first, the primary hemorrhage to have taken place into the left lateral ventricle, where it would have exerted pressure on the pons and great ganglia at base of brain; secondly, that the great constitutional disturbance with tendency to collapse, witnessed on the second day, was due to increased hemorrhage, and extravasation of blood into left temporo-sphenoidal lobe, the resulting pressure and subsequent inflammation producing complete aphasia.

Case II. Mary A., 57 years old, single, a nurse by occupation, was stout and healthy in appearance. Her family history was unimportant, and she had always enjoyed tolerably good health. She had drunk beer almost daily for many years, and on Christmas-day in the year 1881, after having drunk rather freely, she was engaged about 6 P. M. in grinding coffee for the family, when, without any warning, she suddenly fell to the floor. The right arm and leg were observed to be paralyzed. A few minutes later she became speechless, but consciousness was preserved.

I saw her at 11 A. M. the next day, and learned that she had perspired quite freely during the night, and that her bowels and bladder had acted involuntarily. Paralysis was complete in right leg, nearly so in right arm, power of motion was good in left arm and leg, muscles of face were not involved. Pupils were small and insensitive to light; tongue dry

and covered with brownish fur, was slowly and tremulously protruded in the median line. Neither convulsions nor muscular twitchings had occurred. Power of articulate speech was abolished, although she was able to make with her lips sounds and movements which seemed to be understood by her sister. Swallowing liquids was very difficult on account of their tendency to pass into the trachea; solids were not tried. The sensations of touch and pain appeared to be lost on the right side and diminished on the left, but the loss of the power of speech, and her benumbed condition made it impossible to investigate accurately the condition of all the special senses. She was able to see and hear on both sides. She was conscious, and took notice of everything done for her and in her presence. Breathing was stertorous, and her appearance blanched and death-like.

Temperature: R. axillary, 99.2°; L., 97.8°; pulse, 92; respiration, 22.

During the next two days the symptoms remained about the same, except that she was able to utter a few words so as to be understood, and the sense of pain was noted not to be entirely lost in the right leg and arm. A faint systolic murmur was heard over the apex of the heart. The conjunctivæ were injected and the eyes watery. Subsequently her temperature ranged from 99.5 to 100.6°, the conjunctival injection increased, the corneæ became very cloudy, dulness was developed over the lower portion of right lung, all the other symptoms deepened, and she died December 30th, five days after the beginning of her illness. The urine remained free from albumen, and consciousness was not entirely abolished until about fifteen hours before her death.

Post-mortem examination was made several hours after death. Scull-cap was very thick, dura mater normal in appearance. Pia mater was healthy, except on a portion of the convex surface of the left hemisphere, corresponding to the Rolandic region, where it was congested, and slightly adherent to the brain substance. The cranial nerves presented nothing abnormal to the eye. On stripping the pia mater from the brain, the convolutions presented a normal appearance, except on the basal surface, just externally to the left crus cerebri, extending over an area corresponding to the unciate and hippocampal gyri, the anterior extremity of the lingual and the anterior half of the fusiform lobules, where the brain substance was darkened, slightly softened, and presented a sense of fluctuation to the touch. On making several vertico-transverse sections through the right hemisphere, no evidence of disease was found in its substance or ganglia. Through the left hemisphere a transverse vertico-frontal section was made from a point externally, corresponding to the anterior extremity of the fissure of Rolando, and, internally, to a point situated about the middle of the anterior third of the lenticular nucleus. This section exposed the anterior border of a hemorrhagic extravasation, which involved the posterior extremity of the caudate nucleus, the internal capsule, the posterior two-thirds of the lenticular nucleus, and the greater portion of the optic thalamus. A transverse vertico-parietal section, from a point externally, corresponding to the posterior extremity of the fissure of Rolando, and, internally, through the posterior third of the optic thalamus, bounded the extravasated blood posteriorly. Considerable quantity of blood was found in the left lateral ventricle, and the septum lucidum was pushed to the right of the median line. No ruptured bloodvessels were found. The hemorrhagic extravasation was in a position to produce pressure upon the peduncle and pons, island of Reil, temporo-sphenoidal lobe, and subjacent parts to the hemorrhage, in which it had given rise to softening in the gyri at the base of the brain, immediately to the left of the peduncle of the affected side. The greater portion of the thalamus, and the portions of the lenticular nucleus, internal capsule and caudate nucleus involved by the hemorrhage were disorganized almost completely.

The fact that the first occurrence of such a large hemorrhage in the brain was unattended by loss of consciousness is rather curious. It may be accounted for, I think, on the supposition that the hemorrhagic extravasation took place slowly and gradually, thus allowing portions of the brain, not directly involved, to accommodate themselves to the presence of the blood in its unnatural situation. As those portions of the brain, which, according to Ferrier's experiments are concerned with the senses of smell and taste, were involved by pressure, or in the process of softening on the left side, it would be instructive to know the condition of these special senses during her apoplectic attack; but unfortunately her aphasic, depressed and stunned state rendered all attempts at in-

vestigation in this direction a failure. As yet disease has not enabled clinicians and pathologists to confirm the statements made by Ferrier in regard to the localization of the senses of smell and taste.

Case III. Peter R., æt. about 70, a short, thickly-built Irishman, weighing at least two hundred pounds, was brought to the St. Mary's Hospital in an unconscious condition, one evening in September, 1883. Nothing could be learned of his history. The policeman who accompanied him, stated that soon after dark he was found lying on the pavement about two hundred yards distant from the hospital. Dr. Seyfert, the resident physician of the hospital, who admitted him, examined for injuries but found none. His urine contained no albumen nor sugar. The right side of face and body was completely paralyzed, both for sensation and motion. Pupils were equal and contracted; respiration was slow and stertorous; temperature in axilla was 95° on the paralyzed side. Urine dribbled away, but the bowels were inactive. No convulsion or twitching of muscles was observed.

I saw him with Dr. O'Hara, through whose courtesy I am permitted to use the notes of the case, about 11 A.M. the following day. Symptoms were nearly the same as when the man was admitted. Respirations were frequent and noisy; pulse small, feeble, and 120; temperature: right axilla, 95°; left, 98.5°. Paralysis of sensation and motion was absolute on the right side. The urine passed involuntarily, bowel opened by an enema. Death took place during the latter part of the day.

Post-mortem examination was made by Drs. Seyfert and Codding. Membranes and external surface of the brain appeared normal. On removing the brain, the left hemisphere was less firm than the right, and did not retain its shape nearly so well. Several transverse sections of the right hemisphere revealed no lesion. The septum of the lateral ventricles was noticed to be pushed to the right of the median line. Transverse sections through the left hemisphere discovered an enormous hemorrhage, which had nearly disorganized the left optic thalamus, lenticular and caudate nuclei, internal capsule and temporo-sphenoidal lobe. The left lateral ventricle and its cornua were nearly filled with blood. The ruptured vessel was not searched for.

The case is included in the third class, according to Rosenthal. In such the hemorrhage is so large that the patient does not react from the shock, but dies within a few hours, or a day or two, before the heat of the paralyzed parts has reached the normal.

In reviewing the symptoms of these three cases of hemorrhage into the ventricles and great ganglia of the brain, we find them to be very similar in all, and only differing in proportion to the difference of the size of the hemorrhagic extravasation.

They came on suddenly, but if we may credit the friends of one patient, only two of the three cases were attended by immediate loss of consciousness. Rapid pulse, feeble, small, and intermittent, and sometimes irregular, told the difficulty under which the heart labored, in one from the onset of the disease, and in the others beginning a few hours later. Respiration was very frequent most of the time. In Case I. the pulse was slow the first few hours after the beginning of the attack, but the respiration during that time was 30 per minute, and soon increased to 48. Only in Case III. did the temperature fall 3.5° in the paralyzed parts, and in this case the temperature did not rise, but death resulted during the first twenty-four hours. Great prostration with death-like blanching of the features was marked in cases number two and three, from the first of the attack, and in number one, from the occurrence of the secondary hemorrhage on the second day. Pupils were equal and contracted in cases number two and three, but in case one, the left pupil was dilated at first, but soon both pupils became equal and normal in size. In the first two cases the history of chronic alcoholism was obtained, and in the third, although none of his previous history was accessible, yet the marks of this vicious habit were plainly visible. According to my experience, apoplexy is more frequent, the hemorrhage greater, and a fatal issue more common in persons addicted to the daily use of alcohol than in those of sober habits. I have no doubt but that as much can be said against the occasional free indulgence in alcohol.

Juvenile Epilepsy—Professor William Pepper believes that many cases are not incurable, his plan consisting in the regulation of diet, regimen, and hygiene, and secondarily the use of drugs. He regards prolonged rest in bed as one of the most useful adjuncts.

REMARKS ON THE GERM THEORY OF DISEASE.

BY HENRY F. FORMAD, M.D.

FROM time immemorable the idea has existed that the body of man, affected with contagious or infectious disease, was infested by living organisms or germs, and the characteristic features of these diseases are *à priori* in favor of the germ-theory. This theory received its first support from the discovery by Schwann, of the facts relating to the part played by living organisms in the processes of fermentation and putrefaction. Next came the important discovery that certain diseases of lower animals were caused by fungi. Among the first was the discovery by Bassis that a certain disease of the silk worm (muscardine) was caused by a fungus known as *Botritas Bassiana*, which has been further elaborated by Pasteur. Later came the discovery of the favus fungus by Schönlein. The experiments of Pasteur, and the investigations of F. Cohn, have measurably settled the question of the important relation of fungi to fermentation and putrefaction, and the establishment of the germ-theory of fermentation and putrefaction, gave a new impetus to the time-honored germ-theory of disease. Yet it has often happened that the modes of action of fungi in these three processes have been confounded, and unwarranted deductions from the one applied to the other. It must be remembered that putrefaction is a process of dissolution, due to the presence of bacteria, while infectious or contagious diseases are, as a rule, processes of organization and progression, accompanied by new formation of cells and tissues, and may or may not be due to bacteria.

The theory of a causal relation between bacterial and diseased processes has of late years gained ground, and in a few diseases this relation is established, while in the majority of diseases it is presumed on the ground that bacteria are found (*intra vitam* and *post mortem*) in blood and diseased products. As additional evidence in favor of special bacteria for different diseases, is advanced the fact that bacteria found in different diseases have been discovered to possess different morphological and microchemical properties. That the mere presence of a fungus in the products of disease is not to be interpreted as an etiological factor, as has often been erroneously done, is evident, because bacteria, as a rule, are not present at the beginning of a disease, but only in the devitalized tissues and necrotic products.

Space will not permit a discussion of the comparative value of these points, but their importance is sufficient to render allusion to them necessary.

The first substantial support to the germ-theory of disease was the discovery by Pollender, in 1849, of certain rodlets in the blood of animals suffering with splenic fever, also variously known as anthrax, charbon, milzbrand, malignant pustule, and wool-sorters' disease. The specific character of the parasite of this disease (Bacillus anthracis) was afterwards pointed out by Davainé, and subsequently carefully investigated and confirmed by Koch. This bacillus can be isolated and developed in proper cultivating fluids, and when inoculated into some animals will produce splenic fever.

In 1873, Obermeyer, of Berlin, discovered a bacterium in the blood of patients suffering from relapsing fever. It is called spirochætum (or Spirillum) Obermeyeri. It is found only during the febrile paroxysm, and of its history, outside the human body, little is known, but Carter and others successfully inoculated monkeys with this bacterium, and Russian observers have transmitted the disease to man with the blood of patients suffering from relapsing fever.

In March, 1882, Koch, of Berlin, announced the discovery of the Bacillus tuberculosis, which he asserted to be the exciting cause of tuberculosis. He claimed that the tubercle-bacilli are always present in tubercles, and often in the sputum of tuberculous subjects; that they can be cultivated, isolated, and that animals inoculated with them will be rendered tuberculous. Bacilli are also found in scrofulous lesions, lupus, in fæces of subjects suffering from tubercular enteritis, in secretion from laryngeal and pharyngeal ulcers, pearl disease, etc. There is strong evidence in favor of regarding Koch's bacillus as the cause of tuberculosis, and it is even accepted by some authorities as a settled fact; but so far Koch's observation stands alone, and cannot be accepted until confirmed by reliable, unbiased investigations of others. Therefore the question must still be considered *sub judice*.

Still, the presence of the bacillus in tuberculous lesions is very generally confirmed, and its presence in the sputum of patients is regarded as strong evidence of tubercular disease.

The organisms most frequently found in connection with infectious diseases are the spherobacteria or micrococci. In erysipelas Fehleisen discovered the *Micrococcus erysipelatis* in the tissue at the periphery of lesions, and the same, isolated, cultivated on gelatine soil and introduced into the ear of a rabbit, produced typical erysipelas after twelve to eighteen hours.

In leprous nodules the bacillus was demonstrated by Neisser, but no successful inoculations have yet been made.

Klebs and Crudelli claim to have succeeded in isolating the cause of malarial disease, the same being a bacterium, and called by them *Bacillus malaræi.* This bacterium was found in the blood of persons suffering from malaria by Cusoni and Marchiapava. Klebs and Crudelli claim to have produced malaria in animals, but it was regarded by other observers as a form of septicæmia. The experiments of Klebs and Crudelli have been repeated by Dr. Sternberg, U. S. A., with negative results.

In gonorrhœa a micrococcus was discovered by Neisser, and isolated, cultivated, and successfully inoculated in the urethra of man by Buckhardt. This was also disproven by Sternberg.

Micrococci are also found in pyæmia, septicæmia, puerperal peritonitis, scarlet fever, diphtheria, measles, small-pox, vaccinia, ulcerative endocarditis, purulent inflammations, etc. In typhoid fever peculiar bacilli were seen by Eberth, Friedlander, and Coats, and they were found in the lymphatic glands around the intestinal ulcers, also in the spleen.

In croupous pneumonia an organism has lately been described by Friedlander.

In syphilitic lesions, micrococci were found by Birch-Hirschfeld, Klebs, and others, but no reliable, positive inoculative experiments are recorded.

In the sputum of patients suffering with whooping-cough bacteria were detected by Burger.

Mention should be made of a new infectious disease of animals and mankind, called actinomycosis. The disease has long been known among stock-raisers as "swelled head," and was regarded pathologically as an osteo-sarcoma, affecting usually the jaws of herbiverous animals. A fungus, allied to the ordinary penicillium, but of a radiating structure, has been found in bone lesions in man, first by Langenbeck in 1843, and lately was discovered in the cattle disease mentioned above, by Bollinger, who called it actinomycosis. This fungus was subsequently rediscovered in man by Ponfich. But its etiological relation is not yet established.

A specific bacteria is also put forward for goitre by Klebs. Thus it is seen that the extreme germ-theorists put forward a specific bacterium for each infectious disease, and even some non-infectious diseases are attributed to bacteria. Thus far, however, the causal relation of bacteria is established positively for only two diseases, malignant pustule (anthrax) and relapsing fever.

ENLARGED PROSTATE — CATHETERIZATION—SUPRA-PUBIC PUNCTURE OF BLADDER—DEATH.

BY W. W. TOMPKINS, M.D.

I WAS called Friday, June 8, 1883, to see R. S., colored, 65 years of age, a native of the United States, married. Had been a hard laborer all his life, and remarkably exempt from sickness until the last four years, during which time he has been repeatedly embarrassed in making water. As he said, he suffered from gravel. A few days before I saw him, I was sent for, but being a witness at court, could not attend him; he had up to this time with him a man who attempted to catheterize him with a darning-needle. When I did get to see him on Friday, after the Wednesday I was sent for, the man had given him up, saying all had been done that could be. In the introduction of these needles he had lacerated the urethra, and there was from it considerable hemorrhage, so that on passing a catheter, a silver one of considerable size, he complained several times of its hurting him. There was clearly to be made out the enlarged prostate, and after a little gentle manipulation the catheter entered the bladder, and I drew off 67 ounces of muddy ammoniacal urine. This was 6 o'clock P. M., Friday. I put him on liquor potassa and infusion buchu, and did not see him till Sunday the 10th, when I found the bladder distended as before, but not so much, and he was passing a little water from time to time, and sweating moderately. I again passed the catheter and got it in the bladder with little difficulty, but each time with no result as to obtaining urine. The uretheral hemorrhage was profuse and the catheter filled with coagulated fibrin, and no water came. I could pull from the

catheter a string of clotted blood and fibrin the exact size and shape of the catheter, for its whole length. On account of my numerous fruitless endeavors, I gave up hope of drawing water in this way, and thought I would simply renew the liquor potassa and infusion buchu, which I did. He passed urine but slightly and with great difficulty, and with blood from the urethra.

I gave him a diuretic and diaphoretic, and intended to come next morning with trocar and canula if necessary, so I could operate. I returned next day and found bladder as large as it had ever been, and, as before, passed catheter. This time it entered with comparative ease, the usual obstruction from enlarged gland being distinctly made out, as catheter rode over it. The bladder was now thoroughly evacuated, as at first, and complete relief obtained. Water passed was 65 ounces and of ammoniacal odor. The patient the next day sent for me, and I found bladder as large as ever, extending to the umbilicus, forming a large tumor in the hypogastric region. I passed catheter a number of times and received no urine, owing to blood clotting in catheter and preventing water flowing.

I perforated the bladder, just over symphisis pubis, with ordinary hypodermic syringe-needle, a little water came, and after a few minutes it nearly ceased to flow.

On account of the great distension of bladder, his anxiety for its relief, and my failure to relieve him by diaphoretics, diuretics, purgation, catheterization, or perforation with hypodermic needle, I punctured the bladder above symphisis pubis in median line, with a small trocar and canula. I did not in this case, as I had done in the other, measure all the urine; I caught over a quart and allowed the rest to flow on the floor; I estimate that more was lost than what I caught, and also the bladder was large, judging by the dimensions of the tumor. This gave him perfect relief. No bleeding resulted from the wound, which was small. Patient was left comfortable and entirely easy.

I left instructions, should the urine again collect, that they should send for me; but did not again hear from them till Friday morning, when I learned the patient died Thursday night.

Remarks.—I think this case worth noticing on account of its showing the unusual distension to which the bladder can be subjected, and not burst. Also the utter absurdity of attempting to catheterize a bladder with a solid cylinder, such as a darning-needle. What should be done with those who practice thus, I leave my medical brethren to say.

CHARLESTON, W. Va.

FUNCTIONAL ADDUCTOR PARALYSIS—SIXTY-TWO NASAL POLYPI—PAPILLARY (?) GROWTH ON RIGHT VOCAL BAND.

BY LOUIS JURIST, M.D.,

INSTRUCTOR IN LARYNGOLOGY IN THE POST-GRADUATE COURSE OF JEFFERSON MEDICAL COLLEGE; LARYNGOSCOPIC DEPARTMENT, JEFFERSON MEDICAL COLLEGE HOSPITAL.

FUNCTIONAL Adductor Paralysis in a Boy.—Fred. C., æt. 10, of mixed Irish and Italian parentage, was brought to the Laryngoscopic Department of Jefferson Medical Hospital, in May, 1882. Six months previous, retirring in his usual good health, he startled his family by being completely aphonic in the morning. He developed no other symptoms. He could whistle, laugh, and sing as before. Treatment of a general character had been of no avail. After considerable persuasion and some very firm handling, he permitted a laryngoscopic examination. On attempts at phonation, the vocal bands moved towards each other, but never approximated completely. Nothing else abnormal was found. He was ordered strychnine internally and the alternate hot and cold douche to the front of the neck. Laryngoscopic examinations were made every other day, mainly for their therapeutical effect. At the end of three weeks his voice was completely restored. Nothing has been seen of him since.

The diagnosis in this case was not difficult. The sudden onset, the absence of inflammatory symptoms, the ability to sing and laugh, were significant. The laryngoscopic image was also typical.

Nervous aphonia in children is extremely rare. Dr. Morell Mackenzie has seen two cases, both girls, aged eight and ten respectively. Dr. J. Solis-Cohen cannot recall any occurring before puberty. No other case of a similar character has presented itself at our clinic during the past four years. The treatment is often brilliantly successful, occasionally exasperating in its tediousness. Relapses are frequent. The *armamentarium* of the specialist often works wonders; the use of the mirror alone sometimes restoring the voice. The most successful

general measures are the use of endo-laryngeal faradism conjoined with the internal administration of strychnine. The proper moral management should not be forgotten.

Removal of Sixty-Two Nasal Polypi.—Robt. C., æt. 38, farmer, presented himself in the spring of 1882, with the volunteer diagnosis of consumption. His was a marked case of emphysema. The peculiar physiognomy (frog-face) attracted attention, and inquiry brought out the fact that his nose had been "stopped up" for over a year. Anterior and posterior rhinoscopy showed that from the vestibule to the posterior orifices both nostrils were literally packed with polypi. They seemed to be attached everywhere, although the septum was afterwards found to be free. Sixty-two were removed with the Jarvis snare in eight sittings, without pain and but little hemorrhage. It was often possible by carefully hugging the base of the tumor to remove with it a portion of the relaxed mucous membrane, thus preventing repullulation at that particular point. Galvano-cautery was also used at some places to prevent recurrence. Mr. C. was seen again in August, 1883, for the first time since the operation, and only three polypi were found and removed.

In connection with this case, it cannot be too strongly insisted upon that the forceps operation should be considered a thing of the past. It is painful, uncertain, and brutal. With proper illumination and the use of a nasal dilator, the écraseur can readily be slipped over one or two polyps at a time, and their removal quickly and almost painlessly accomplished. Hemorrhage is usually insignificant, and sometimes absent. The ability to catch, and advantage in removing small portions of mucous membrane, is not to be underestimated. Patients who have submitted themselves to both operations are loud in their praises of the snare.

It is hardly necessary to add that his asthma was not relieved. His emphysema precluded such a result.

Removal of Papillary (?) Growth from Right Vocal Band.—Annie L., æt. 26, consulted me March 18, 1883. She has had frequent acute catarrhal attacks of the upper respiratory tract, and her voice had remained permanently husky after an unusually severe one two years ago. She was otherwise in good health. On the edge of the right vocal band at about its middle there was attached, by a broad base, a white growth about half the size of a pea. There was a faint zone of red around the growth. The use of her voice being important to her, and astringents and cauterants having been faithfully tried by others, it was determined to attempt its removal *en masse*. After two weeks' training, this was successfully done with a cutting-edge forceps. Unfortunately, the tumor was lost before a microscopical examination had been made.

Two weeks later when all swelling had subsided, her voice was clear and perfect in ordinary conversation. She resumed her position in a church choir in this city, although she never regained some of her highest notes. There has been no recurrence.

DR. HENRY I. BOWDITCH ON THE CODE OF ETHICS.

IN response to an invitation from the Editor of THE BULLETIN, in his official capacity as Chairman of the Section on Practice of Medicine, to Dr. Bowditch to participate in its discussions at the coming annual meeting of the American Medical Association, he received the following reply:—

Dr. JOHN V. SHOEMAKER, Chairman of the Section on Practice of Medicine of the American Medical Association.

MY DEAR DOCTOR: I regret extremely that my health will prevent me from being at the meeting of the American Medical Association at Washington in May next. I cannot, therefore, accept the high honor, which your committee offers me, of being announced as one of the debaters upon either of the topics of "Tuberculosis," or of "Epilepsy," named in your letter of January 26th.

I regret upon another account my inability to be present at the above-named time and place, viz., because of the "Old" or "New" or "No" Code discussion that will inevitably come up, with, I fear, disastrous consequences. For example, the Massachusetts Medical Society has had certain terms for admission to its privileges, a long while before the American Medical Association was even thought of. Under these rules the medical profession of Massachusetts has grown up with as honorable an *esprit de corps* as can be found anywhere, or will ever be brought about by the Code of Medical Ethics of the American Medical Association. This latter association, as I understand its late action, is prepared to say that

none of the delegates from the Massachusetts Medical Society shall be received unless they sign the Code of Ethics of the American Medical Association. I hope at the meeting in Washington we shall have no such trick as *apparently* was played last year; for then, when delegates signed their names as being present at the meeting, they found subsequently, to their surprise, that they had accepted the Code of Ethics of the American Medical Association. I do not mean to intimate that the Code has not a number of excellent rules of conduct (acknowledged, in fact, among all *gentlemen*), in regard to the relations of physicians to each other; but there are certain propositions which seem to me offensive and uncalled for, and which can never be carried into effect, because the execution of them depends upon the public and not upon medical practitioners.

Now, the fact that a man does not wish to sign the *whole* of the Code is no proof that he is an unworthy person to act as a delegate from a State society of honorable physicians. I frankly confess that it would seem to me to be the height of absurdity for me to sign those parts of our Ethical Code contained in two articles—both marked 2*—in which we undertake to say *how the public shall treat us*. I should object to signing either of these portions, because, 1st, we offer our services to the public, and expect, and usually get, honest and gentlemanly treatment; and 2d, we cannot compel any such honorable treatment as we so cooly lay down for the public to use towards us, by any rules *we* may devise for *the guidance of those who employ us*. I sincerely hope that there will be no bigots on either side, and that the approaching meeting will be occupied in its legitimate business of scientific discussions, rather than in violent disputes, *pro* and *con*, upon Medical Ethics. You will need a great deal of wise common sense on both sides. In all I have written I have had constantly before me the good of the American Medical Association, which already has been of immense benefit to the whole profession of the country.

May that influence long continue is the sincere wish of yours, Very truly,

Boston, January 28, 1884.

Henry I. Bowditch.

* Vide, Code of Medical Ethics (Transactions, Vol. 33, p. 639 and p. 651, 1882), "Duties of physicians to patients and of the obligations of patients to physicians," Art. 2, p. 639. See, also, "Of the duties of the profession to the public, and of the obligations of the public to the profession," Art. 2, p. 651.

THERAPEUTIC NOTES.

The following prescriptions, in addition to those heretofore given in The Bulletin, are frequently used by Dr. John V. Shoemaker in the treatment of patients at the Philadelphia Hospital for Skin Diseases:—

For systemic effect:

Scrotal Eczema.

℞. Tinct. hoang-nan conc. . ℥j.

Sig. Take from 2 to 15 drops in water three or four times daily.

It is also used in other forms of eczema, especially if the sebaceous glands of the parts are largely involved.

Hyperidrosis (excessive perspiration).

℞. Zinci oxidi . . . gr. iv.
Extracti calami . . gr. xxii.
Ft. pilul. No. xvi.

Sig. One pill three or four times daily.

Erysipelas.

℞. Tincturæ ferri chloridi . } āā ℥iss.
Glycerinæ . . . }

M. Sig. Two teaspoonfuls every two or three hours until relieved.

Tubercular and Indurated Acne.

℞. Syrupi ferri iodidi . . ℥iij.

Sig. Half teaspoonful in water after meals.

Pustular Acne.

℞. Syrup. phosphatum comp. ℥.iv.

Sig. 1 or 2 teaspoonfuls in water after meals.

Psoriasis.

℞. Liq. ammonii acetatis . . ℥ij.
Aloini . . . . . gr. ij.
Infus. digitalis . . . ℥ij.

M. Sig. Two teaspoonfuls in water every two or three hours.

Pustular Eczema (especially infantile).

℞. Fluid extract malt (Wolff's) . ℥iv.

Sig. Two teaspoonfuls three or four times daily.

Scrofuladerma and Chronic Eczema.

℞. Syrupi acidi hydroiodici . ℥iv.

Sig. One or two teaspoonfuls in water three times daily.

For local effect:

Chronic Eczema (with deep infiltration).

℞. Oleatis niccoli . . gr. v. to x.
Adipis . . . . ℥j.

M. Sig. Use with care externally.

Atrophy of the Nails (to give lustre).

℞. Ungt. stanni oleatis . . ℥ij.

Sig. Apply well over the nail.

For local effect (*continued*):

Tubercular and Indurated Acne.

℞. Ungt. hydrarg. nitratis . . ℥iij.
Ol. chamomile (Roman) . gtt. v.
Ungt. zinci ox. benz. . . ℥v.
M. Sig. Use externally.

Chronic Eczema (with slight infiltration).

℞. Ol. cadini . . . . ℥ss.
Ungt. hydrarg. nit. . . ℥ij.
Adipis . . . . ℥ij.
M. Sig. Use externally.

Ingrown Nails.

℞. Acidi carbolici crys. . ℥i.
Sig. Pencil thoroughly into the nail groove.

Seborrhœa Oleosa.

℞. Acidi boracici . . . ℥iv.
Aquæ aurantii flor. . } āā ℥ij.
Aquæ rosæ . . . }
M. Sig. Apply with old muslin to the parts, and mop over the surface.

Papular Acne.

℞. Tincturæ saponis kal. . . ℥iij
Sig. Add one teaspoonful to one or two tablespoonfuls of water and sponge over the surface.

Alopecia.

℞. Ungt. hydrargyri oleatis, 20 to 30 per cent. ℥ss.
Olei anthemidis nobilis . . . gtt. x.
M. Sig. Rub in well over the surface night and morning.

Treatment of Bronchocele. — From a communication of Dr. J. Noble Bredin to the Lancet, we make the following extract: "My treatment consists in inserting a large round needle armed with silk, which completely and tightly stops the aperture when pulled through, but only inserting it to the depth of two inches instead of passing it through the thickest portion of the tumor. My plan is then to pull the silk through and keep on linen cloths constantly wet day and night for three days, at the same time giving dilute nitric acid and quinine every four hours. At the end of this time I withdraw the silk, and at once order linseed poultices with carbolic lotion six times in twenty-four hours. On the fourth day matter copiously flows, and from time to time is kept flowing by the assistance of a probe and occasional injections of carbolic acid solution." It is said the tumor will entirely disappear in the course of nine weeks, and that during the treatment the patient is able to pursue his usual avocations, but as a precautionary measure it should be noted that the silk must be taken away on the third day to avoid the development of any inflammatory action.

A New Method for the Treatment of Vesico-Vaginal Fistula.—Professor Hal C. Wyman has recently devised a new method for the treatment of this obstinate affection. After the operation has been made in the usual manner, a piece of rubber tubing of the diameter of a No. 9 catheter, American scale, two feet in length, is doubled and passed through the urethra so that the loop remains in the bladder. Previous to insertion, however, a number of holes are punched in that portion of the tubing which is to remain in the bladder, and in this way there is allowed two places for the discharge of the urine; but in addition, there are still left the two small openings on either side, at the junction of the tubes, and thus we have four openings for the removal of the accumulations of the bladder. The ends of the tube may be inserted in a bottle, and if it becomes necessary to inject a fluid, the nozzle of the syringe is inserted into one end of the tube the injected fluid passing out at the other.

Professor Wyman says he has used this device successfully in the treatment of a case which had proven rebellious under the ordinary measures, no less than twenty operations having been performed by him on the same subject during the past ten years.—*Detroit Lancet.*

Aluminium in Tuberculosis (Pick).—Dr. Pick states that in aluminium and its preparations will be found the most effective remedy against pulmonary tuberculosis. This assertion of the author is based upon his experiments in the laboratory upon rabbits, as well as clinical observations.

As a typical example, Dr. Pick cites a case where infiltration of both apices of the lungs had occurred, where he employed the medicament in question, which was followed by the removal of the pulmonary lesion, as well as all the morbid symptoms.

The formula of the preparation employed was:—

Metallic aluminium,	8 grammes.
Hydrate of aluminium,	5 "
Carbonate of calcium,	5 "
Gum tragacanth,	q. s.

Divide into 60 pills, one pill to be taken three times a day, two hours after meals. The result is that the fever falls and the sweats stop, as well as the diarrhœa. To improve the appetite Dr. Pick prescribes the following:—

Aluminium,	8 grammes.
Ext. of malate of calcium,	5 "
Carbonate of calcium,	5 "
Ext. taraxacum,	q. s.

Make into 60 pills. Two pills to be taken three times a day.—*Revue de Thérapeutique.*

NAPHTHOL IN ACNE (KAPOSI).—Have the patient wash every evening with naphthol soap, allowing a soft lather to remain on the skin during the night. The following morning, after its removal by water, an ointment composed of naphthol, sulphur, and alcohol should be applied, the following combination being effective for that purpose:—

Naphthol,	1 gramme.
Spirits of potassium soap,	25 "
Spirits of wine,	50 "
Balsam of Peru,	2 "
Milk of sulphur,	10 "

This is an application which will also be found efficacious in acne rosacea, sycosis, and lupus erythematous. It should be applied until a thin layer of light-brown appearance has been produced.—Translated by Dr. R. O. Kevin from *Le Progrès Médical.*

Dr. Schivardi has given the name of traumaticin to a solution of one part of pure guttapercha in ten parts of chloroform. It acts as a vehicle by which various medicaments may be applied to the skin, as it forms a firm coating, both resistant and persistent. The solution has to be made immediately before the application. The slow volatilization of the chloroform allows the use of friction in its application if so desired. Traumaticin is not an irritant, and can be prepared at small cost.

It has been used by Professor Auspitz (of Vienna). In the treatment of psoriasis the Professor made use of a ten per cent. solution of traumaticin and one per cent. of chrysarobin. After having detached the largest of the scales by a soap bath, the solution was applied by means of a short, soft brush, rubbing it in thoroughly on the diseased areas. Each application should be preceded by a soap bath, and repeating it as often as may be necessary, according to the severity of the case.

In Professor Auspitz's experience one application a day has sufficed to cure psoriasis in from three to six days.

Traumaticin has also been employed by Auspitz in the treatment of herpes tonsurans, eczema marginatum, and prurigo; in the latter affection the solution being ten per cent. for an adult and five per cent. for a child. It will generally be found that the prurigo will quickly disappear.

Traumaticin is also a good excipient for pyrogallic or salicylic acid, and an effective remedy for acute orchitis or chilblains, being employed for the latter disease by M. Schivardi.

COLD-WATER TREATMENT OF TYPHOID FEVER.—This plan has been called the "Brand method," but Dr. Duval who has done so much to popularize hydrotheraphy in France, and who has recently issued a book on the different methods of treatment of typhoid, claims that Dr. Currie antedated Dr. Brand by at least a century. It appears however that Wright was the first to adopt this method, and had employed it long before Currie. In the pamphlet issued by Dr. Duval he directs attention to a table presented, which shows that contrary to the opinion often expressed at the Academy of Medicine, the mortality in Paris from typhoid fever, far from increasing during the last fifty years, has steadily decreased. This he attributes to improved methods of treatment and to improved sanitary conditions.—*Lancet.*

PICRIC ACID IN ECZEMA.—M. Masini (of Florence) recommends picric acid in the treatment of eczema impetiginoides. Used upon 30 cases, he claims to have had 29 cures, attributing his sole failure to the impurity of the acid and the intolerance of the subject to the remedy, the child presenting signs of intoxication. Urine dark red and scanty, skin slightly jaundiced, pulse small and slow, great diarrhœa, and general prostration.

M. Masini states that picric acid will be found to be the best remedy we possess for eczema impetiginoides of children. First having removed the crusts and scales by means of some mild emollient application, he applies for six or seven days, morning and evening, bandages containing glycerine saturated with picric acid, or a pomade composed of vaseline and picric acid, a cure being produced generally in from eight to ten days.

M. Masini says that M. Buyalini first employed it in 1879, being followed by MM. Tassi, Olieron, Breve and De Lorenzo. All endorse the efficacy of this medicament in various eruptive diseases, but more especially in eczema impetiginoides.—Translated from *Le Progrès Médical* by Robert O. Kevin, M.D.

THE
Medical Bulletin.

Philadelphia, March, 1884.

Dr. Henry I. Bowditch.—Among other gentlemen to whom the Chairman of the Section on Practice of Medicine of the American Medical Association addressed invitations to participate in its proceedings at the meeting in Washington in May, was Dr. Henry I. Bowditch, of Boston, Mass. This distinguished physician, in declining the invitation, bases his declination on the score of poor health. He should have stopped right there; but, as will be seen by his letter, which is printed on another page of this Journal, he takes the opportunity of ventilating his views with regard to the Code of Ethics. It is scarcely necessary for us to remark that The Bulletin differs with him *in toto;* it being a staunch advocate of the Code in its entirety, and by it we sink or swim. He thinks that a discussion "will inevitably come up, with . . . disastrous consequences" in reference to the Code; and then quotes the Massachusetts Medical Society for an example, but his remarks smack very much of the exploded States-rights doctrine, against which the Doctor's own good Commonwealth fought so bravely. We trust he has no idea of introducing among us a sort of Medical States-rights, for in that event good-bye to harmony. He also complains of a "trick" that "*apparently* was played last year," in relation to the delegates signing their names. This is news to us, we must confess; for we always undesrtood that the members knew perfectly well what they were signing, and were eager enough to subscribe. But the strongest and it seems the only objection the Doctor has to the Code, and it is to us a humorous one, is the earnest protest against the articles in which some advice is given to patients in regard to their intercourse with their medical attendant. In fact, it appears to be the sum of the gentleman's grievances; and how he must have labored in bringing it forth! Does not this prove the wisdom and strength of the Code, when a man of Dr. Bowditch's intellectual force can discover nothing else than this to find fault in it? We are sorry that our friend has seen fit to take this position; but as he has no doubt thought well over the matter before he has so publicly committed himself, our advice may be useless. But, Doctor, the Association does not meet until May, and there is still time for the sober second thought!

TO WHOM IT MAY CONCERN.

We have been asked at divers times and by divers persons why The Bulletin did not publish the programme of the reception tendered by the Alumni Association of Jefferson Medical College to Professor Parvin on the 28th of January last at the St. George's Hotel in this city. Now, as we always like to be frank, we will state concisely the reasons why we did not do so, and in doing so, it is necessary to say something about the Association itself. Theoretically it is composed of a large number of members who are supposed to have a voice in all that concerns its interests; practically it is governed by about twenty-five nice, quiet, orderly gentlemen, who keep up a delightful game of battledore and shuttlecock in strict seclusion among themselves, permitting none but the select to take a part in the game. Should a member, who is not of the chosen, attempt to enter the inclosure in order to take a toss or two, he is incontinently rapped over the knuckles, and told to bide his time and not make things unpleasant for the gentlemanly players by his obtrusiveness. If the obnoxious member will not then retire in good order, the glare of twenty-five pairs of astonished eyes is brought to bear on him, and that generally settles it; and the demoralized individual is glad to hide himself in his own littleness, and is not heard of afterwards. At their annual meetings the same number of nice, quiet, orderly gentlemen assemble and proceed to divide the offices among themselves by a system of rotation, which is nothing, if not unique. To the uninitiated it seems as if it

were done in the following manner: The chairman, after congratulating his fellows upon the good feeling and brotherly love existing among those present, and reading over the prepared list, which gives each of the select some prominence, remarks: "I think that is just about the thing; as you will observe our beautiful system of rotation in office is kept up wisely, and as long as we are enabled to keep it among ourselves and exclude all who might, perchance, differ with us in any particular, our 'lot is a happy one.' As you will see, Dr. So-and-so held the presidency the past year; of course, he takes his place on a committee for the coming one, as you all understand this is our practice, and so with the rest of us. I think the members of the committee are to be congratulated on the happy manner in which they have performed their duties, for we all have offices, and, therefore, all must be pleased. Speaking for those members who do not belong to our circle, but whom we expect to pay their dues promptly, all I can say is, 'let 'em wait,' there may be a chance for them some day in the far future." And then *they* arrange *their* programme for *their* festival, giving only to *their* own favorite journals such portions as *they* desire to have published prior to *their* reception, forcing the others either to copy from *them* or not publish at all; but always taking good care that the published proceedings shall commence with, "At a large and enthusiastic meeting," etc., when probably the officers only were the "large and enthusiastic." It reminds us very much of the circus of our boyhood days, and we cannot help feeling that—

> "The elephant goes round and round,
> When the band begins to play."

And, as we now have answered our querists good-humoredly, we hope they will as good-humoredly draw their own inference why we did not give the programme and proceedings at the reception tendered by the Jefferson Alumni Association to Professor Parvin, only adding that THE BULLETIN prefers being the first to publish whatever is rather newsy than the last to do so, in this respect being in advance of some of its contemporaries.

COLLEGE GOSSIP.

Jefferson Medical College.

Commencement day, March 29th.

The Post-Graduate course is now working in a very systematic and practical manner.

Dr. E. B. Ilyus (Class of 1882) is located at Macon, Ga.

Professor William Thomson has removed to 1426 Walnut Street.

Dr. John G. Lee is now travelling South for recreation and health.

Dr. Joseph S. Neff has been appointed a member of the Blockley Hospital Medical Staff.

Dr. H. S. Clark (Class 1883) is located at 70 East Eighty-sixth Street, New York City.

Professor Da Costa advises mercury corrosive chloride in large doses for the treatment of diphtheria.

Dr. M. L. Alexander, of Tallahassee, Fla., has been attending for two courses the Post-graduate Course.

Professor Bartholow recommends hypodermic injections of sulphuric ether in the treatment of pneumonia.

Dr. A. Johnson, a member of the Post-graduate course, is located at 476 Henry Street, Brooklyn, N. Y.

Dr. J. T. Eskridge, who was confined to his home from a severe cold, has gone to Aiken, S. C., on a vacation.

Dr. George R. Clayton, of Dallas, Texas, has been in attendance on the Post-graduate course during the past session.

The summer course of lectures will be instructive and advantageous to every student who can possibly remain in the city.

Dr. S. C. McCormick (Class of 1862), of Duluth, Minn., is now in the city pursuing a Post-graduate course at the College.

Dr. William Webb, of Lowell, Mich., has returned to his home after a six weeks' course in the various special departments.

Dr. W. F. Sawhill (Class of 1882) is located at Concordia, Cloud County, Kansas, and thinks THE BULLETIN grows better with every number.

Dr. A. S. Brower (Class of 1881) is practising in Salt Lake City, Utah, and has recently been appointed assistant physician to St. Mark's Hospital.

Dr. J. O. Kiernan (Class of 1882) is surgeon to City of Tokio, of the P. M. Steamship Co., sailing between China and this country. His address is San Francisco, Cal.

Drs. George McClellan and Joseph W. Hearn have recently been appointed in the Post-graduate Course, the former on Surgery, and the latter on Syphilis and Genito-Urinary Diseases.

Professor H. G. Landis (Class of 1870), of Columbus, Ohio, will deliver the annual address before the Alumni Association; subject: "The Need of General Culture in the Physician."

Dr. F. de Kraft (Class of 1882) is located at 30 West Thirtieth Street, New York City, and for several months past has been visiting physician to the Nervous Department of the German Polyclinic.

Dr. Charles E. Sajous, one of the instructors in the Post-graduate Course, was married last month to Miss Helen Bergner, of this city. Dr. Sajous has for some time been the Belgian Consul in Philadelphia.

The address of Dr. F. E. Stewart is 721 South Twenty-second Street, this city, instead of 2121 Fitzwater Street, as stated in the January number. The latter is the address of the Southwestern Dispensary, with which he is connected.

Dr. M. E. Velezquez, of Nicaragua, previous to his return to his native country, was tendered a brilliant reception by his many friends and admirers in this city, on the evening of January 18th, at the residence of Joseph S. Elliott, of this city.

Dr. John F. Foulkes, late House Physician to the Jefferson College Hospital, is now engaged in practice with his father, James F. Foulkes (Class of 1852), at Oakland, Cal., and is building up a fine business in the department of surgery.

Drs. Stayer, S. S. Stewart, J. G. Wightman, S. M. Ward, F. H. Patton, S. G. Cloud, P. F. Huyett, J. W. Epler, J. B. Turner, Albert Hoover, M. S. Falls, C. S. Leathers, L. Snoddy, Charles Foster, H. F. Parker, Charles Means, J. W. Lyle, A. E. Hershizer, and G. M. Whittier, have returned to study special diseases at the College.

College of Physicians and Surgeons, New York.

Professor Frank E. Beckwith (Class of 1871) was recently re-elected President of the New Haven Medical Association.

Professor Burt G. Wilder, of Cornell University, delivered the Cartwright Lectures before the Alumni Association; subject: "Methods of Studying the Brain." He says the idea of *encephalic duplicity* has arisen from the enormous development of the cerebral hemispheres in man and the higher mammals, and the relative insignificance of the mesal part by which they are connected. Reclus tells us that moralists attribute to atavism a large number of offences which lawyers attribute to guilty dispositions. Hereafter, however, these will be charged to encephalic duplicity. Schopenhauer and his doctrine will receive attention, while the optimism of Herbert Spencer will be allowed to go by default.

University of Pennsylvania.

Dr. Herbert E. Smith (Class of 1882) recently published a paper in the "Zeitschrift für Biologie," giving the results of experiments performed during the past summer in the laboratory of Professor Kühue, of Heidelberg, in order to determine whether keratin is a constituent of bone.

Dr. Frank O. Nagle (Class of 1879) died last month at his residence in this city, aged twenty-seven years. Dr. Nagle graduated with honors, and was a young man of great promise. At the time of his death he was Professor of Materia Medica and Therapeutics in the Medico-Chirurgical College.

University of New York City.

Dr. C. A. Gillen (Class of 1883) is located in Berlin, Conn.

Dr. J. W. Wright (Class of 1880) has removed to 254 State Street, Bridgeport, Conn.

Dr. F. J. Shumway (Class of 1881) was married recently, and is located in Lyons, N. Y.

Dr. R. L. Boharman (Class of 1878) has removed from Darien, Conn., to Stamford, Conn.

Dr. F. W. Smith (Class of 1881) has been appointed instructor in anatomy at Syracuse College, N. Y.

Dr. F. J. Rogers (Valedictorian, Class of 1881) was married recently, and has settled in Westerly, R. I.

Dr. Henry A. Du Bois (Class of 1830), of New Haven, died about the middle of last January, aged seventy-six years.

Dr. Elisha Harris, of Albany, N. Y., Secretary of the State Board of Health, died at his residence, January 31, 1884, aged sixty years.

Dr. W. H. Donaldson (Class of 1881), his time having expired at St. Peter's Hospital as resident surgeon, has located on Main Street, Bridgeport, Conn., and is clerk of the City Medical Society.

Dr. Addison P. Dutcher (Class of 1839), of Cleveland, Ohio, died at his house, January 30, 1884, aged sixty years. In 1864 he accepted the Chair of Principles and Practice of Medicine in the Charity Hospital, Medical College, which he occupied during two terms of the College.

Yale Medical College.

Dr. W. R. Bartlett (Class of 1871) has been appointed by the Mayor on the Board of Health for New Haven, Conn.

Dr. J. P. Henriques (Class of 1878) has returned from a three years' course at Vienna, and is located in Providence, R. I.

Dartmouth Medical College.

Dr. J. H. Pitnam (Class of 1883) is located in North Conway, N. H.

Dr. Frank G. Wheatley (Class of 1883) is located in Norwich, Conn.

Dr. L. E. Niles (Class of 1883) is taking an extensive European tour in order to pursue special studies.

Dr. C. C. Godfrey (Class of 1883) has taken an office with Dr. Robert Hubbard, of Bridgeport, Conn.

Dr. Charles A. Stark (Class of 1883) is resident physician at New Hampshire State Insane Asylum at Concord, N. H.

Dr. L. E. Tieste (Class of 1883) has accepted the position of Junior House Surgeon at St. Mary's Hospital, Brooklyn, E. D.

Dr. Horace S. Davis and Dr. E. E. Moore (Class of 1883) are taking a Post-graduate Course at the Polyclinic, New York City.

MEDICAL NEWS AND MISCELLANY.

Dr. W. S. Janney announces that he has terminated his connection with the Medico-Chirurgical College of this city.

Dr. J. R. Evans, who died February 9, 1884, of paralysis, at his residence in Branchtown, was one of the most prominent physicians of Bucks County. He was fifty-seven years of age.

From Dr. R. P. M. Ames, U. S. Marine Surgeon, at Evansville, Indiana, we have received an interesting summary of the work done during the month of January in the Marine Hospital at that port.

Dr. George Englemann, the well-known botanist and meteorologist, of St. Louis, died the early part of last month. He was one of the founders of the St. Louis Medical Society, and had reached the age of seventy-five years.

The first annual meeting of the American Anti-Vivisection Society was held in this city, on January 30, 1884. An election of officers and addresses by members and others interested in the restriction of the practice of vivisection constituted the sum total of their work.

The first meeting of the Ohio State Sanitary Association was held at Columbus, O., February 14 and 15, 1884. A number of practical papers were read by residents of the State as well as by others from abroad, and the beginning of what is hoped will prove a successful campaign has been inaugurated. Much credit is due to the indefatigable exertions of Dr. R. Harvey Reed, of Mansfield, chairman of the committee on organization.

A School of Veterinary Medicine has been organized at the University of Pennsylvania, and the appointments of professors have been made for all the branches except that of Surgical Pathology and Obstetrics. The course will embrace three years, and the requirements for admission will be the same as in the Medical Department. The first session will be opened September next.

The American Association for the Cure of Inebriates was organized 1870, and recently we have received a circular from Dr. T. D. Crothers, of Hartford, Conn., who, as secretary of the committee, desires to obtain answers to a series of inquiries calculated to develop the nature and causes of inebriety from a purely scientific point. Members of the profession are particularly solicited to send in their experience and give their opinion.

The New York State Medical Association.—At the annual meeting in February the Medical Society of the State of New York confirmed its action of a year ago in relation to the Code of Ethics, and thus the new code stands. There was a full attendance, and the vote on Dr. Didama's motion to repeal the New Code was lost by a vote of one hundred and five to one hundred and twenty-four.

The movement to restore the Code of Ethics of the American Medical Association having been defeated, a number of its prominent adherents have taken measures for the organization of a new society, to be known as the New York Medical Association.

Philadelphia Clinical Society.—The Northern Medical Association of Philadelphia reorganized at the College of Physicians, on the evening of January 26, as the Philadelphia Clinical Society. A large number of new members were received, and the following officers elected for the ensuing year: President, Henry Beates, Jr.; First Vice-President, E. E. Montgomery; Second Vice-President, Hannah T. Croasdale; Corresponding Secretary, I. E. Richardson; Recording Secretary, I. G. Heilman; Reporting Secretary, G. Betton Massey; Treasurer, L. Brewer Hall; Censors, A. S. Barton, S. N. Troth, Albert H. Smith, J. B. Walker, and Henry Rihl.

Our City Officials.—Some of the members of the medical profession were entertained on Wednesday evening, February 20, by one of our prominent and wealthy merchants, Mr. Isaac Nathans, who gave a dinner at his home in honor of the election of Mr. William B. Smith as Mayor and Mr. Charles Warwick as City Solicitor. The *menu* was arranged in the host's usual liberal and generous style, and the medical men present were treated in the most courteous manner, both by Mr. Nathans and his distinguished guests.

A Brilliant Reception.—A large number of medical gentlemen were entertained at the residence of Dr. George M. Ward, No. 926 Spruce Street, Wednesday evening, February 20th, on the occasion of the marriage of his niece, Miss Estella Ward, to a well-known merchant of New Haven, Conn., Mr. Edward Phipps. A large room was devoted to the presents, which were both numerous and costly. The cards of good wishes from some of our best known medical men were upon some of the choicest gifts to the bride. The spacious halls and rooms, especially those in which the happy couple were receiving, were beautifully decorated in great abundance with rare flowers and potted plants. A large number of the leading citizens of Philadelphia were present, and many relatives and friends from adjoining States. Among the guests was Miss Addie Marie Merritt, of Troy, N. Y., who rendered brilliantly some extremely difficult vocal and instrumental music, to the delight and admiration of the listeners.

New Haven Medical Association.—The following officers were elected at the meeting held January 7th: President, Dr. F. E. Beckwith; First Vice-President, Dr. W. R. Bartlett; Second Vice-President, Dr. M. A. Crewin; Secretary and Treasurer, Dr. H. Fleischner; Prudential Committee, Drs. M. C. O'Connor, W. A. Ayres; Finance Committee, Drs. Francis Bacon, L. P. Gibbons.

Dr. George P. Oliver died suddenly last month in this city. He was a graduate of the Philadelphia Medical College, in 1851, and of the University of Pennsylvania, in 1859. He was President and one of the professors of the Medico-Chirurgical College of Philadelphia.

BOOK REVIEWS.

Fat and Blood; An Essay on the treatment of certain forms of Neurasthenia and Hysteria. By S. Weir Mitchell, M.D., Member of the National Academy of Sciences; Physician to the Orthopædic Hospital and Infimary for Diseases of the Nervous System; Fellow of the Philadelphia College of Physicians; Honorary Corresponding Member of the British Medical Association; Honorary Member of the London Medical Society; Foreign Associate of the Royal Medical Society of Norway. Third edition, revised, with additions. Philadelphia: J. B. Lippincott & Co.

The author says, in his preface to the present edition, "this little volume has been reprinted many times," a fact for which there is no cause for wonderment, and any one who has perused the book will, we think, indorse, unhesitatingly, our assertion. In the introductory chapter he makes use of this expression: "As regards the question of originality, I did not and do not now much concern myself," and, still further on, he says, "I do not wish to be thought of as putting forth anything very remarkable or original in my treatment by rest, systematic feeding, and passive exercise," and then quotes from Dr. William Playfair's essay, who says, in speaking of the question of originality: "I feel bound, however, to say that having carefully studied what has been written on the subject, I can nowhere find anything in the least approaching to the regular, systematic, and thorough attack on the disease here discussed." A rather emphatic indorsement of its originality from a distinguished authority.

The second chapter opens with the "Gain or loss of weight clinically considered," in which the subject is elaborately discussed. In speaking of the loss of flesh, he says "it has also a collateral value of great import, because it is almost an inevitable rule that rapid thinning is accompanied soon or late with more or less anæmia, and it is uncommon to see a person steadily gaining fat after any pathological reduction of weight, without a corresponding gain in amount and quality of blood. We too rarely reflect that the blood thins with the decrease of the tissues, and enriches as they increase." . . .

The fifth chapter dwells upon the importance of "rest," in connection with massage, electricity, and over-feeding. He takes up each subject in different chapters, and speaks of "the value of repose in neuralgias, and especially sciatica, in myelitis, and in the early stages of locomotor ataxia, but confines himself chiefly to its use in the various forms of weakness which exist with thin blood and wasting, with or without distinct lesions of the stomach, womb, or other organs." He then goes on to point out its beneficial effects, the daily sponge bath, etc. Referring to the moral uses of enforced rest, he says: "From a restless life of irregular hours and endless drugging, from hurtful sympathy and over-zealous care, the patient passes to an atmosphere of quiet, to order and control, to the system and care of a thorough nurse, to an absence of drugs, and to a simple diet, . . . a sense of relief, and a remarkable and often a quite abrupt disappearance of many of the nervous symptoms."

"Massage" is the subject of chapter sixth, and opens with the statement that it is "as yet little understood in America." [?] The subject is very carefully treated, and a full description is given of its mode of operation. He also mentions how he had at first obtained the idea of its value in locomotor ataxia, and other forms of spinal and local diseases, and illustrates the benefit of its use by citing cases in which he performed difficult cures.

"Electricity" comes next in chapter seventh, and Dr. Mitchell's views of its importance will be eagerly scanned by the profession, as the subject is of great interest to progressive physicians. The subject is skillfully handled, and we refer our readers to the work itself for the author's experience and cases given.

The eighth chapter, and most extended, discusses the important subjects of "dietetics and therapeutics." He says: "The . . . details I have given as to seclusion, rest, massage, and electricity have prepared the way for a discussion of the dietetic and medicinal treatment, which, without them, would be neither profitable nor useful," and, then, some sixty-five pages are given to a careful discussion of what should be done. It deserves a very careful and thoughtful study, if we wish to profit by the experience of one who has mastered the subject in all its details.

In conclusion we would say that this book is worthy of being put in the hands of every intelligent man and woman in the land. It should be in every library. It is so intelligibly written that it does not require a physician to translate it to his patients, but teaches the patient when to apply to the physician for advice and treatment, and thus to forestall much suffering and unhappiness, both to the sick and their friends. The book is small, but there is a wonderful amount of valuable information in it. It is beautifully printed, and the publisher has presented it in an attractive form.

Transactions of the American Gynæcological Society. Vol. VII. For the year 1882. Cloth, 8vo. Pp. 485. Philadelphia: Henry C. Lea's Son & Co., 1883.

A cursory glance is sufficient to show the practical character of the work which has been done by the members of this society; and when one comes to read the papers presented, together with the discussions which follow, the utility of such meetings is at once evident. The large number of monographs contributed, and the bearings of the various questions arising in the course of the discussion, preclude the possibility of the reviewer giving a *résumé* of the whole, and it is deemed best, therefore, to consider those only in which our readers are most likely to have the greatest interest.

The annual address of the President, Dr. Thomas Addis Emmet, first claims our attention, the subject being, "A New Method of Exploration, with the Pathology and Treatment of certain Lesions of the Female Urethra." In this paper Dr. Emmet says he has discarded the use of the endoscope in making examinations of the urethral tract, and that the various means proposed for this purpose have in his hands proved inadequate. Some six years ago the author devised the plan of making a button-hole-like opening in the urethra "for the purpose of forming a diagnosis, or for facilitating any operative procedure," and his experience, he says, "warrants the statement that the method is the only one within his knowledge to-day which fulfils every indication, is safe, simple, and within the scope of any one possessing the least degree of surgical dexterity." The method is apparently simple enough, and consists in making a slit through the roof of the vagina covering the urethral surface about midway between the mouth of the urethra and the neck of the bladder, the patient having been previously anæsthetized, a Sims' speculum in the vagina, with a block-tin sound in the urethra, of sufficient size to put the tissues on the stretch. A special instrument, formed on a principle similar to that of the button-hole scissors, has been devised for making the opening into the urethra.

The operator is cautioned not to divide the urethral outlet, nor to allow the incision to extend far enough back to interfere with the neck of the bladder; and he is particularly instructed in regard to closing the opening, which is done by means of interrupted silver sutures, that the recently divided edges are to be brought in contact in such a manner that the urethral edges may be turned out.

A number of cases are related which seem to establish conclusively the claims put forward, but in this connection it becomes our duty to refer to the remarks of Dr. Alexander J. C. Skene, who with others took part in the discussion. He said, "Laying open the urethra for purposes of exploration may be a simple, easy, and safe operation for Dr. Emmet, but the general practitioner, and even some experts, do not find it so. As a means of diagnosis this method approaches perfection in cases of urethral polypus or any of the neoplasms. . . . . For this purpose the method of Dr. Emmet surpasses all others, but its claims to superiority, in my judgment, end here."

It would be interesting here to examine the statistics presented in the paper of Dr. J. Knowsley Thornton, entitled "The relative value of Hysterectomy and of the Complete Removal of the Uterine Appendages for the Cure of Uterine Fibroids," but it would require more space than is at our command. We may add, however, that Drs. Goodell and Thomas took part in the discussion, both giving a brief account of their work in this department, thus forming one of the most valuble chapters in the book.

Professor Theophilus Parvin contributes an acceptable and timely paper on "Care of the Perineum;" Dr. Henry J. Garrigues, a monograph on "Electricity in Extra-Uterine Pregnancy," and Dr. T. Galliard Thomas gives a history of twenty-

one cases of the same coming under his personal observation.

We cannot omit referring to the paper of Dr. Ely Van De Warker, on "Mechanical Therapeutics of Versions and Flexions of the Uterus," which is accompanied by a large number of woodcuts, showing the forms of pessaries which from time to time have been invented for this purpose. While there are other papers which will prove equally interesting, the foregoing are all that can be referred to; and it remains to be added that along with the volume comes the index to the gynæcological and obstetric literature of all countries for the year 1881, prepared with the co-operation of Dr. J. S. Billings, U. S. A.

Health in the Household; or, Hygienic Cookery. By SUSANNA W. DODDS, M.D. 12 mo; pp. 601; extra cloth. Price $2.00. New York: Fowler & Wells. For sale by J. B. Lippincott & Co., Philadelphia.

The next best thing to having a good cook is to have a good book on cookery, and that is what this volume professes to be; but differing widely in its teachings from the ordinary run of works on the subject. Its object, as the Preface states, "is to enable health-seekers to furnish their tables with food that is wholesome and at the same time palatable." The author is evidently enthusiastic in her work, and has given to the public a valuable collection of recipes founded upen hygienic diet, which she claims to be "essential to good blood, strong bodies, and vigorous minds." Dr. Dodds, in Part I., advocates with much earnestness the beneficial effects of the free use of fruits and vegetables in the place of meats, poultry, milk, etc., and is especially severe upon that much-abused animal, the pig, whose importance as an article of wholesome or unwholesome food is now the cause of so much diplomatic correspondence between this and other countries. We doubt, however, whether Dr. Dodds's arguments will have much effect upon the large majority of the public. The succulent ham and the savory sausage are too firmly entrenched to be easily dislodged; but, nevertheless, her reasoning in favor of a pure hygienic dietary, if not convincing to all, is certainly con ducive to thought, and in this respect will do good.

Part II. tells us what hygienic dietary is, and after a short explanation of its superiority over other diets, gives a number of recipes made up in intelligible language. To those who have not read the late Dr. Traill and other writers' essays on the subject of hygienic dietary, they will prove interesting as reading *per se*, teaching them how many toothsome articles of food can be constructed, and a good dinner enjoyed, without either fish, flesh, or fowl.

The third division of the volume, covering over three hundred pages, is devoted to what the Doctor calls the "Compromise Diet," and in this respect we shake hands with the author. Here the book will prove most useful to the general cooks of our households. There is no excuse, after reading this part of the work, for not knowing how to get up a good and healthful meal, and with an economical view also. Its "compromise" recipes relate to almost every conceivable thing known to the market, and the very reading of them has an appetizing flavor.

We are so well pleased with the general tenor of this volume that it gives rise to the following suggestive query: Why would not Dr. Dodds's Hygienic Cookery Book make a valuable premium for presentation on commencement days at our numerous young ladies' seminaries? It certainly would be a most useful one; and with the author, in her dedication, we can say, with a slight alteration, "to all who love good health as well as good eating, this volume is" invaluable.

The publishers have presented the book in a very attractive form, and, typographically speaking, it is all that can be desired.

Legal Medicine. By CHARLES MEYMOTT TIDY, M.B., F.C.S., Master of Surgery; Professor of Chemistry and of Forensic Medicine at the London Hospital; Official Analyst to the Home Office; Medical Officer of Health for Islington; late Deputy Medical Officer of Health and Public Analyst for the City of London, etc., etc. New York: Wm. Wood & Co.

Wood's Library of Standard Medical Authors gives us as the initial number for this year the third volume of Tidy's celebrated work on Legal Medicine, and contains the notes prepared for his lecture on the subject, delivered at the London Hospital during the summer session of 1882. The earlier part deals with the medico-legal aspects of sexual relationships, and the latter with the various forms of death by asphyxia. The following are the subjects treated; Legitimacy and Paternity; Pregnancy—Abortion; Rape—Indecent Exposure; Sodomy—Bestiality; Live Birth — Infanticide; Asphyxia — Drowning; Hanging—Strangulation; Suffocation; and bearing upon each subject are given numerous illustrative cases, showing an extended research, adding greatly to the value of the work.

It is so essential to a practising physician that he should be well grounded in the legal branch of his profession at the present day, that all works of the high character of this one should be eagerly welcomed and thoroughly studied; for every practitioner, especially in our large towns and cities, is liable at any moment to be called upon to give his testimony before courts and juries, and to do this intelligently and intelligibly, independent of his own practical observations, he must have just such books as the one before

us in his library for constant reference. The publishers have done the profession a kindly service in presenting for their acceptance, as a number of their Library, this standard edition of Legal Medicine. It places it within the power of every one to possess a copy, whether of the legal or medical profession, and we have no doubt the opportunity will be eagerly seized. Its appearance is most opportune, as there was being felt a want for some fresh ideas put in book form, so they could be readily got at, instead of the tedious search through journals widely scattered, and also as the books now in use are somewhat musty. The author's high attainments as a teacher and surgeon, his unrivalled opportunities for research, the numerous cases which have come under his own experience, have all combined to give a force and judgment to his utterances which are not to be gainsaid. As it is an authority in England, so we hope it will be one with us in this country, and therefore cordially commend it for its substantial merit. The volume is embraced in a 16mo of 321 pages, with a full table of contents and a copious Index, and is handsomely bound and printed.

A Treatise on Bright's Disease of the Kidneys, its Pathology, Diagnosis, and Treatment. By HENRY B. MILLARD, M.D., A.M. Cloth, 8vo. Pp. 246. New York: William Wood & Co., 1884.

Few books come upon our table which receive greater attention than this one called "Bright's Disease," although the title by no means indicates the real character and scope of the work. Dr. Millard has been engaged in his investigations for the past twenty-six years, and has had the advantages of hospital as well as extensive private practice, and with few exceptions the illustrations have either been drawn by himself or have been made from his preparations. From the large number of extracts which appear in the body of the work from current medical literature, it is evident that the author has closely scanned the journals, and although rather unusual, there can be no objection to it on this score. To say that the book would be "handy," or "convenient," or "a valuable acquisition to one's library," would, we think, scarcely be doing the author justice; and yet, while we cannot say that every student and practitioner should have it, the bounds of reason will not be overstepped in saying that it is well worth a careful study by those who desire to become acquainted with the morbid conditions of the kidney. The work embraces an account of many original observations as well as a synopsis of the views held by other writers on the subject, and in every chapter will be found evidences of most careful investigation.

The publishers deserve a high compliment for the superior mechanical execution, heavy paper being used with large type and broad margins, while the illustrations are in keeping with the general character of the work.

NEW PUBLICATIONS RECEIVED.

Pennsylvania State College Agricultural Bulletins VI. and VII.

The New Wellesley School, No. 2027 Chestnut St. Philadelphia, 1883, 1884.

An Essay on Medical Legislation. By Harry Hakes, M.D. Wilkesbarre, Pa. 1884.

Medical Symbolism. By T. S. Sozinsky, M.D., of Philadelphia. Reprint from the Medical and Surgical Reporter.

Coca; its Physiological Properties. By Walter Coles, M.D., St. Louis. Reprint from the Weekly Medical Review.

So-called "Concussion of the Spine" in Railway Injuries. By John G. Johnson, M.D. Reprint from Medico-Legal Journal.

Annual Address Delivered before the American Academy of Medicine, at New York, Oct. 10, 1883. By Henry O. Marcy, A.M., M.D., President of the Academy.

Some Recent Progress in Diseases of the Nervous System. By Talbot Jones, M.D., St. Paul, Minn. Reprint from the Alienist and Neurologist, St. Louis, Jan. 1884.

Recent Studies on the Constitution of the Alkaloids. By Prof. Samuel P. Sadtler, Ph.D. Introductory lecture to the course of 1883–84, Philadelphia College of Pharmacy.

School Hygiene. By Charles J. Lundy, A.M., M.D., Professor of Diseases of the Eye, Ear, and Throat in the Michigan College of Medicine, Detroit. Read before American Health Association, 1883.

Proceedings and Addresses at the Sanitary Conventions held at Muskegon, Michigan, Aug. 23 and 24, 1883, and at Pontiac, Michigan, Jan. 31 and Feb. 1, 1883. Lansing, Mich.: W. S. George & Co., Printers.

Quarantine. By Walter Wyman, A.M., M.D., Surgeon U. S. Marine Hospital Service. Read before the Maryland Sanitary Convention, Baltimore, November 28, 1883. Reprint from the Report of State Board of Health.

Chronic Inversion of the Uterus. By B. Bernard Browne, M.D., Professor of Diseases of Women in the Woman's Medical College of Baltimore; Fellow of the American Gynæcological Society, etc. Reprint from N. Y. Med. Jour.

Adherent and Contracted Prepuce, commonly called Congenital Phimosis. Read before the Philadelphia County Medical Society. By De Forest Willard, M.D., Lecturer on Orthopædic Surgery in the University of Pennsylvania, and Surgeon to the Presbyterian Hospital. Reprint from the Philadelphia Medical Times.

The Eminent Domain of Sanitary Science, and the Usefulness of State Boards of Health in Guarding the Public Welfare. By James E. Reeves, M.D., Secretary of the State Board of Health of West Virginia. Read before the American Public Health Association, at the annual meeting, held at Detroit, November, 1883.

Illustrated Medicine and Surgery. Edited by Drs. George Henry Fox and Frederic R. Sturgis. New York: E. B. Treat & Co.

The October number of this elegant publication comes to us with ten original papers, twenty-one illustrations, two of them being colored. The editors have done their part of the work well, and the publishers have spared neither time nor expense in their efforts to make this the finest specimen of bookmaking in America.

From Dr. Carl Seiler, of Philadelphia, a paper on "The Pathology of Phthisis Pulmonalis, and its Laryngeal Complications." The subject is one which has thus far not received the attention which its importance demands, and frequently these complications are overlooked by the general practitioner, and this for the reason that their true meaning is not understood. It is desirable that all the information on this subject be disseminated as rapidly as possible, and we have no hesitancy in saying that the observations of an experienced laryngologist such as Dr. Seiler will be noted with profit.

From Dr. W. S. W. Ruschenberger, of Philadelphia, two pamphlets, extracted from the Transactions of the College of Physicians of Philadelphia: "A sketch of the Life of Thomas Stewardson, M.D.," and "A Memory of Dr. George Fox." It is only necessary for us to say that both papers are written in that style which is so characteristic of Dr. Ruschenberger; and to those who were acquainted with the deceased, these sketches will possess a charm which could have been given to them by but few others.

From Dr. B. Rush Field, of Easton, Pa., "Medical Thoughts of Shakespeare." So few of our modern physicians have much time for literary work outside of medical journals and text-books, that it cannot be expected that the compilation of Dr. Field will have an extensive circulation, but to many it will undoubtedly prove a most acceptable production. Although it is well known that Shakespeare placed rather a low estimate on the character of the physician, we may congratulate ourselves that important advances have been made all along the line, and that to-day the members of the profession occupy a higher plane in our civilization.

The Michigan State Board of Health. An Abstract of the Proceedings at its Meeting, Jan. 8, 1884. Henry B. Baker, Secretary.

From Dr. T. M. Drysdale, of Philadelphia, "The Ovarian Cell, its Origin and Characteristics." Reprint from the Gynæcological Transactions, 1883. The author of this monograph has presented us with some strong arguments for the peculiar tenets which he holds relative to the ovarian cell, which, in the early history of his investigations, was known as Drysdale's corpuscle. Although his views have met with opposition from amongst those who ought to be in a position to judge, yet we must admit that he has the advantage of his critics, by reason of the thorough work he has done, and the methods he has followed out for the purpose of demonstrating the truth of his propositions; but after all we cannot omit the timely remark of Mr. Thornton, of London, who, in opening the discussion on this paper, said, "I think that Dr. Drysdale has entered a field in which questions are in a decidedly unsettled condition, because of the great diversity of opinion among pathologists and histologists as to what constitutes a cell and what is the mode of its growth."

From Dr. William Pepper, Provost, the "Annual Reports of the Provost and Treasurer of the University of Pennsylvania, for the year ending October 1, 1883." The friends of the University will not be slow to recognize the services of Dr. Pepper; and the friends of education everywhere, on the perusal of this document, will realize the care which has characterized the actions of such a painstaking officer. We may note an item of no small importance to the institution, to which particular attention is called in this report, viz: Although there is a large and constantly increasing income in the form of bequests and donations, yet many of them are so surrounded by special conditions that neither the income nor any part of the principal are available for immediate needs, and the Provost calls for more liberal contributions to the general funds. The claim is certainly a just one, as it is only reasonable to suppose that the officers are better qualified to judge of its wants than contributors who, while they may have the best intentions, are not conversant with the necessities of the case, and their donation instead of being an advantage, may prove a drawback to the progress of the University. In connection with the report of the Treasurer it will be interesting to note that while the Medical, Dental, and Law Departments, and the Wharton School of Finance and Economy are self-sustaining, the Departments of Arts and Science were maintained at a loss of $16,238.37.